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To: Examiner Gerald R. Ewoldt
 USPTO
 Art Unit: 1644
 Confirmation No.: 4822

From: Xiaochun Zhu, Ph.D.

Fax: (571) 273-8300

Pages: 15 (including cover)

Phone:

Date: May 15, 2006

Re: Leonard Harris, et al.
 U.S. Patent Appln. No. 10/040,815
 Filed: January 7, 2002
 Docket: 10308B

CC:

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The following is attached herewith:


1. Amendment Transmittal (in duplicate)
2. Combined Notice of Appeal From the Primary Examiner to the Board of Patent Appeals and Interferences & Petition For Extension of Time (in duplicate)
3. Response Under 37 C.F.R. §1.116
4. Authorization to charge deposit account 19-1013/SSMP in the amount of \$1,520.00
5. Certificate of Facsimile

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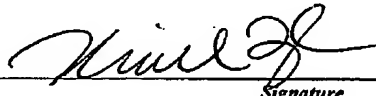
MAY 15 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 10308B	
Applicant(s): Leonard Harrison, et al.						
Application No. 10/040,815	Filing Date January 7, 2002	Examiner Gerald R. Ewoldt	Customer No. 23389	Group Art Unit 1644	Confirmation No. 4822	
Invention: IMMUNOREACTIVE AND IMMUNOTHERAPEUTIC MOLECULES						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	8 -	35 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: May 15, 2006			
Xiaochun Zhu Registration No. 56,311 Scully, Scott, Murphy & Presser 400 Garden City Plaza-STE 300 Garden City, New York 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 4450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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Xiaochun Zhu Registration No. 56,311 Scully, Scott, Murphy & Presser 400 Garden City Plaza-STE 300 Garden City, New York 11530 (516) 742-4343			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td style="width:50%; text-align: center;">(Date)</td> <td style="width:50%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		Signature of Person Mailing Correspondence		Typed or Printed Name of Person Mailing Correspondence	
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